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Task Shifting With Pharmacists to Increase Access and Uptake of Medical Abortion and Contraceptive Services among Adolescents in Kenya

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Case Report

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Abstract

The World Health Organization (WHO) recommends and recognize the importance of involvement of community providers in self-care including medical abortion (MA) among patients. In Kenya, young people between the ages of 15 to 24 constituting one-fifth of the total population are disadvantaged in accessing affordable and quality drugs at the pharmacies or chemists. Although, Misoprostol and mifepristone, used all over the world for MA are sold in many pharmacies in Kenya, adolescent women encounter barriers, including long queues, vigorous screenings and questioning to ascertain whether they are 'genuine' or mystery clients when accessing these drugs. The Kenyan, Family Planning guidelines also authorize pharmacies to dispense various forms of contraception, including pills and condoms. These contraceptives can be accessed for free in Kenyan public facilities but are available for sale from private pharmacies. KMET implements an Adolescents health program dubbed Safire, that supports adolescents integrated Sexual and Reproductive Health through a task shifting. The goal is to Improve access of quality adolescent sexual reproductive health (ASRH) services to women ages 10-19 years through task-shifting to minimize missed opportunities. The objective is to evaluate the acceptability, efficiency, and effectiveness of Safire delivery model in providing quality ASRH services for girls. The program received support from Kenya pharmacy Association and Ministry of health to map, recruit, and train 108 pharmacists and 56 health providers in Kiambu, Uasin Gishu, and Bungoma Counties. The pharmacists and providers were trained on quality provision of Sexual and Reproductive Health information and Services to patients. The pharmacies were then linked with trained community volunteers from likeminded civil society organizations (CSOs) to conduct community education and make referrals for sexual reproductive health information and services including abortion. After receiving the services, the volunteers follow up such clients to assess their satisfaction and feedback on services received from the pharmacies. The project has served 7,900 girls (aged 10-19 years) with MA services with 84% (6,636) receiving post-abortion family planning (PAFP) from March 2020 to February 2022 and no reported complication. Among the girls served, successful referrals by community volunteers to the pharmacies constituted 60% (4,740) during the period. Most of the clients served reported high satisfaction level after following up by the volunteers. The strengthened relationship among community health volunteers and the pharmacists created a synergy enabling cross referrals of clients for various services. This improved successful referrals and linkages. Routine quality of care assessments, support supervision and mentorship empowered the pharmacists for improved quality service provision. The engagement of local commodity distributors at negotiated price ensured reduced stock outs among the pharmacist and prices standardization for quality MA products to clients. The ministry of health should invest in training pharmacists as a task shifting approach in offering quality adolescent sexual reproductive information and services in Kenya.

Keywords: ASRH; Pharmacy; Adolescent

Abbreviations: WHO: World Health Organization; MA: Medical Abortion; ASRH: Adolescent Sexual Reproductive Health; CSO: Civil Society Organizations; PAFP: Post-Abortion Family Planning.

Introduction

The World Health Organization (WHO) [1] recommends and recognizes the importance of involvement of community providers in self-care including medical abortion (MA) among patients. In Kenya, young people between the ages of 15 to 24 constituting one-fifth of the total population are disadvantaged in accessing affordable and quality drugs at the pharmacies or chemists. Although, Misoprostol and mifepristone, used all over the world for MA are sold in many pharmacies in Kenya, adolescent women encounter barriers, including long queues, vigorous screenings and questioning to ascertain whether they are 'genuine' or mystery clients when accessing these drugs. The Kenyan, Family Planning guidelines also authorize pharmacies to dispense various forms of contraception, including pills and condoms. These contraceptives can be accessed for free in Kenyan public facilities but are available for sale from private pharmacies [2,3].

Methodology

KMET implements an Adolescents health program dubbed Safire, that supports adolescents integrated Sexual and Reproductive Health through a task shifting. The goal is to Improve access of quality adolescent sexual reproductive health (ASRH) services to women ages 10-19 years through task-shifting to minimize missed opportunities. The objective is to evaluate the acceptability, efficiency, and effectiveness of Safire delivery model in providing quality ASRH services for girls. The program received support from Kenya pharmacy Association and Ministry of health to map, recruit, and train 108 pharmacists and 56 health providers in Kiambu, Uasin Gishu, and Bungoma Countries. The pharmacists and providers were trained on quality provision of Sexual and Reproductive Health information and Services to patients [4-6].

The pharmacies were then linked with trained community volunteers from likeminded civil society organizations (CSOs) to conduct community education and make referrals for sexual reproductive health information and services including abortion.

When a client is referred, the pharmacist's counsels on ASRH services for different pregnancy options, obtains consent from the client, conducts pregnancy test, determines pregnancy gestation based on the client's choices and other medical conditions. The pharmacist then contacts a medical provider for prescription online. Once the prescription has been obtained from the provider, the pharmacist dispenses the MA drug with instructions on how and when to take it. The client is also offered PAFP of choice if available on site. However, for PAFP methods not available, the client is referred to where they can obtain them. The client is further given information on when follow up will be done, who contact in cases of complication, how to determine complete MA process. After receiving the services, the volunteers follow up such clients to assess their satisfaction and feedback on services received from the pharmacies.

Results and Discussion

The project has served 7,900 girls (aged 10-19 years) with MA services between March 2020 and February 2022. 99% of the girls were offered combi pack, a combination of Mifepristone and Misoprostol and 1% received Misoprostol only drugs for termination pregnancies. There was no reported complication reported by pharmacists during the period. Among the girls served, 60% were attributed to referrals from the community volunteers. The strengthened relationship among community health volunteers and the pharmacists created a synergy enabling cross referrals of clients for various services. This improved successful referrals and linkages [7-11].

The uptake of post abortion family planning (PAFP) has remained high at 84% (6,636) surpassing the target of 75%. This was impressive given the uptake of PAFP among adolescent is generally low. The contraceptives methods of choice were comprising 65% injectables, 33% pills and 2 % other contraceptives mainly implants.

The pharmacists were routinely supported on quality-of-care assessments, support supervision and mentorship for improved quality service provision. This improved their skills on MA services provision, counselling and PAFP. The engagement of local commodity distributors and an independent entity CMHI which offered commodities at negotiated price ensured reduced stock outs among the pharmacist and prices standardization for quality MA products to clients. Most of the clients served reported high satisfaction level after following- up by the volunteers.

Conclusion

Non-inclusion of private pharmacists in mainstream health provision in Kenya has had a negative impact on health outcomes including maternal mortality. This can be solved by full implementation of the task-shifting policy with a focus of working with pharmacists to offer ASRH information and services including abortion. The Ministry of Health should invest in training pharmacists as a task shifting approach in

offering quality adolescent sexual reproductive information and services in Kenya.

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